|  | PATENT A  | APPLICATIO                                      |  | RD   | Application or Docket Number |       |                        |                  |                     |                        |
|--|---|---|--|--|------------------------------|-------|------------------------|------------------|---------------------|------------------------|
|  |   | CLAIMS A  | S FILED -  |  | ALL ENTITY                   |       |                        | R THAN<br>ENTITY |                     |                        |
| FOR  |   |   | <del>,                                </del>   |  | Column 2)<br>ER EXTRA        | RAT   | <del></del>            | OR               | RATE                | -\$F\$ (               |
| BASI   | C FEE   |   | general de la companya de la company |  | A Company of the Company     |       | 395.00                 | OR               |                     | <del>790.00</del>      |
| TOTA   | L CLAIMS  | Ó   | ) minus  | s 20 = *                                     | 8                            | x\$11 | =                      | OR               | x\$22=              | 176                    |
| INDE   | PENDENT CLA   | AIMS  | 3 minus 3 = *  |  |                              | x41   | =                      | OR               | x82=                | 110                    |
| MULTIPLE DEPENDENT CLAIM PRESENT  BEST AVAILABLE COD   |   |   |  |  |                              |       | 5=                     | OR               | +270=               |                        |
| * If th  | e difference in co                                  | olumn 1 is less than                            | zero, enter "0" i  | n column 2                                   | ABLE COP                     | тот/  | AL .                   | OR               | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |   |   |  |  |                              | SMA   | ALL ENTITY             | OR               |                     | R THAN<br>ENTITY       |
| AMENDMENT &  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |  | HIGHEST<br>NUMBER<br>PREVIOUSL<br>PAID FOR   | PRESENT<br>EXTRA             | RATI  | ADDI-                  |                  | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total   | •   | Minus  | 23   | =                            | x\$11 | =                      | OR               | x\$22=              |                        |
|  | Independent   | *   | Minus  | *** 3  | =                            | x41:  | =                      | OR               | x82=                |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM      |   |  |  |                              |       | =                      | OR               | +270=               |                        |
|  |   |   |  |  |                              |       | FAL                    | OR               | TOTAL<br>ADDIT. FEE |                        |
| ENT BW   |   | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT |  | (Column 2) HIGHEST NUMBER PREVIOUSL PAID FOR | (Column 3) PRESENT EXTRA     | RATI  | ADDI-<br>TIONAL<br>FEE |                  | RATE                | ADDI-<br>TIONAL<br>FEE |
| DME  | Total   | *   | Minus  | **   | =                            | x\$11 | =                      | OR               | x\$22=              |                        |
| AMENDMEN   | Independent   | *   | Minus  | ***  | =                            | x41:  | =                      | OR               | x82=                |                        |
| ٧  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM      |   |  |  |                              |       | j=                     | OR               | +270=               |                        |
| (Column 1) (Column 2) (Column 3)   |   |   |  |  |                              |       | TAL EE                 | OR               | TOTAL<br>ADDIT. FEE |                        |
| AMENDMENT .  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |  | HIGHEST<br>NUMBER<br>PREVIOUSL<br>PAID FOR   | PRESENT<br>EXTRA             | RAT   | ADDI-<br>TIONAL<br>FEE | ******           | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus  | **   | =                            | x\$11 | =                      | OR               | x\$22=              |                        |
|  | Independent   | *   | Minus  | ***  | =                            | x41   | _                      | OR               | x82=                |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135 |   |  |  |                              |       |                        | OR               | +270=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |   |  |  |                              |       |                        |                  |                     |                        |

## SERIAL NUMBER

TO:

OFFICE OF FINANCE

FROM:

CRYSTAL PLAZA 2, LOBBY

| PLEASE PROCESS THE | FOLLOWING | COLLECTIONS: |
|--------------------|-----------|--------------|
|--------------------|-----------|--------------|

| FEE CODE       | AMOUNT           | FEE CODE        | AMOUNT        |
|----------------|------------------|-----------------|---------------|
| BASIC FEE      |                  | CLAIMS/MULTI    | PLE DEPENDENT |
| 960            | <del></del>      | 964             | <u>.</u>      |
| 961            | <del></del>      | 9.65            | <u>.</u>      |
| 970            | -                | 966             | 1760 (8)      |
| 971            | <u></u>          | 967             |               |
| 958            |                  | 968             |               |
| 959            |                  | 969             |               |
| 956            | 720.00           | LATE FEES/SUR   | CHARGE        |
| 957            |                  | 154             | 13000         |
| 962            |                  | 254             |               |
| 963            |                  | 156             |               |
| OTHER:         | _                | 581             |               |
| 581            | · ,              |                 | ,             |
| 241_           |                  |                 | 2             |
| 14/-           |                  |                 | •             |
| THE ORIGINAL M | ethod of Paymen  | r               |               |
| Ву             | A CHECK          |                 | ÷.            |
| BY             | A CHARGE TO DEPO | SIT ACCOUNT NO. | 08-3425       |
| DO/EO FEE      |                  | ×               |               |
|                |                  |                 |               |